

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-022796

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

317

Primary Registration District No.

541

Registrar's No.

1436

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4002

2 4018

3

4

5 2

6

7 0

8 2

9 794 X

10

11

12 92-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Clayton

Length of stay in 1b
D.O.A.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Louis County Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN Bridgeton

d. STREET ADDRESS (If outside, give location)
11337 Old St. Charles Rd.

3. NAME OF DECEASED (Type or print)

First Middle Last
Ida Christine Thies

4. DATE OF DEATH
Month Day Year
May 7, 1963

5. SEX F

6. COLOR OR RACE W

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 6-16-1870

9. AGE (last birthday) 92

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Own Home

11. BIRTHPLACE (City and state or country)
St. Charles, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Frederick Gosejohann

13b. MOTHER'S MAIDEN NAME

Lisette Meyer

14. NAME OF HUSBAND OR WIFE

August F. (dcd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No None

17. INFORMANT

August F. Thies-11337 Old St. Charles Rd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Smility

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 18 1963 to May 1, 1963 and last saw her alive on April 26, 1963
Death occurred at 12:40 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

J. Paul M.D.

22b. ADDRESS

Overland, Mo.

22c. DATE SIGNED

5/2/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5-4-1963

23c. NAME OF CEMETERY OR CREMATORY

Fee Fee Cemetery

23d. LOCATION (City, town, or county)

Bridgeton, Mo.

24. FUNERAL DIRECTOR ADDRESS

Baumann Bros., Inc.
2504 Woodson Rd., Overland 14, Mo.

25. DATE RECD. BY LOCAL REG.

5-2-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

David C. Gibson

Licensed Embalmer No. 3456
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.